

**NORTH CAROLINA COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL  
DISABILITIES AND SUBSTANCE ABUSE SERVICES**

**Advisory Committee Minutes  
Clarion Hotel  
320 Hillsborough Street  
Raleigh, NC**

**Wednesday, October 20, 2010**

**Attending:**

**Commission Members:**

Larry Pittman, John R. Corne, Dr. Thomas E. Gettelman, Dr. John J. Haggerty, Jr., Dr. Ranota T. Hall, A. Joseph Kaiser, Nancy Moore, Beverly Morrow, Dr. Greg Olley, John Owen, Dr. Diana Antonacci, Don Trobaugh, Dr. John Carbone

**Excused Absences:**

Phillip Mooring, Elizabeth Ramos, Emily Moore

**Other Absences:**

Norman Carter

**Division Staff:**

Steven E. Hairston, W. Denise Baker, Marta T. Hester, Amanda Reeder, Andrea Borden, John Harris, Mabel McGlothlen, Yvonne French, Joan Kaye, Janice Petersen, PhD, Lisa Jackson

**Others:**

Louise Fisher, Catherine Goldsmith, Larry Swabe, Holly Riddle

**Call to Order:**

The meeting was called to order by Larry Pittman, Chairman, Advisory Committee, at approximately 9:35 a.m. Mr. Pittman welcomed the members of the Advisory Committee, requested a moment of reflection, and issued the ethics awareness and conflict of interest reminder.

*Upon motion, second, and unanimous vote, the Advisory Committee approved the minutes of the July 21, 2010 Advisory Committee Meeting.*

**Subcommittee Guidance:**

Mr. Pittman stated that the Advisory Committee has been divided into three subcommittees: Workforce Development, Traumatic Brain Injury (TBI) – Veterans and Mental Health, Developmental Disabilities and Substance Abuse Services, and Critical Access Behavioral Health Agency (CABHA). Mr. Pittman stated that participation in the subcommittees is for Commission members, Division staff and assigned speakers only. Mr. Pittman reviewed the timeline guide for reporting purposes and provided guidance on how the meeting would proceed. The subcommittees then convened separately. Each subcommittee provided an update on its discussion when the Advisory Committee reconvened following lunch. The reports were as follows:

### **Critical Access Behavioral Health Agency (CABHA)**

Dr. Thomas Gettelman, Advisory Committee member and Chairperson of the CABHA subcommittee, stated that, in previous discussion, the subcommittee had identified the need to discuss or request information on the unintended consequences, both positive and negative, emanating from the implementation of the CABHA initiative. The subcommittee was also tasked with the following:

- examining the specific roles of the key people/positions in CABHA, such as the medical director, and how those individuals will function;
- developing a list of specific types of data needed from the state or Local Management Entities (LMEs) regarding how the CABHAs are functioning, their location, services being provided and the kind of services that individual consumers are receiving within each CABHA;
- gathering relevant types of data to address quality of care indicators and developing or recommending some specific types of quality indicators;
- determining whether or not the implementation of the CABHAs and the types of services the consumers are receiving will result in service gaps and/or individuals falling through cracks because services are no longer available; and
- focusing on transitional issues moving from the child system into the adult system.

Dr. Gettelman stated that the subcommittee learned today that as of October 8, 2010, there were 84 approved CABHAs. Six of the 84 have a special exception granted so that the medical director can be a non-psychiatrist or substance abuse specialist. Dr. Gettelman stated that the group discussed some medical record issues and concerns about how organizations that are typically not as medically driven or oriented will handle what will be required of them under a more medically driven system. The subcommittee also discussed ways to operationalize CABHA components, as well as prepare key people, within the CABHAs from a training perspective; this might tie into the Workforce Development Subcommittee.

### **Workforce Development**

Advisory Committee member, Dr. Greg Olley chaired the subcommittee meeting in Phillip Mooring's stead and provided the report update. Dr. Olley stated that with only two members present, they did not have a quorum to take any action other than to hear the presentations from Janice Peterson of the Division as well as Larry Swabe and Holly Riddle from the NC Council of Developmental Disabilities.

Dr. Olley stated that the subcommittee goal was to review the recommendations that have been made by a number of other organizations and make one or more recommendations to the Division that would be realistic to address and to accomplish given the current climate of limited resources. John Owen, Advisory Committee member, asked if there was any discussion regarding the use of community colleges as a training forum. Dr. Olley responded that there was and that the NC Council of Developmental Disabilities has funded a pilot program of providers in North Carolina to implement this format of training from the College of Direct Support. Dr. Olley stated that the preliminary information has been very positive and the goal will be to have this training result in receipt of community college credit. Dr. Olley stated that currently the participating providers pay for their staff members to get college credits and eventually receive an associates or bachelors degree.

### **Traumatic Brain Injury (TBI)**

John Owen, TBI subcommittee co-chairman, delivered the TBI report by advising that the subcommittee was informed by Division staff that the NC Institute of Medicine (IOM) is currently working on a similar report through its Taskforce on Behavioral Health Services for the Military and Their Families. The subcommittee will review the IOM's report after it is issued in December 2010 to consider resources that are available as well as additional information needed for the subcommittee to make a cogent recommendation to the full Commission regarding treatment of TBI and access to mh/dd/sa services for veterans.

The subcommittee was told that the IOM report should include the following items of interest to the workgroup:

- A recommended screening tool to assess whether an individual has a traumatic brain injury.
- An additional six Day Treatment programs for TBI treatment (there are currently three in the state).

The subcommittee established several priorities, including:

- establishing a Day Treatment program in the eastern part of the state, given the large military population in that area;
- determining whether a TBI screening tool would be appropriate for use in jails;
- encouraging collaboration across agencies and the federal government for the treatment of TBI;
- seeking funding options, including those available through the federal government, for TBI;
- encouraging military cultural competency in LMEs and provider agencies in the community; and
- educating military members and their families about available TBI treatment through the military and avenues to access that treatment.

### **Public Comment**

There were no public comments.

**There being no further business, the meeting adjourned at 1:32p.m.**